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QUARTERLY EXPENDITURES AND PROGRESS REPORT

SECTION I: GENERAL INFORMATION

Recipient Name: Henry County Grant Number: 11-ns-6006 Report No: 34 Quarter End: 2/28/2020 Final Report? No
 Contact Person: Shannan Sagnot Telephone Number: 770-288-7525 E-mail: ssagnot@co.henry.ga.us Final Report:

SECTION II: FINANCIAL INFORMATION

A. Activity Number	B. Amount Revised Budgeted	C. Cumulative Amount Drawdown	D. Cumulative Balance (B - C)	E. Expended This Quarter	F. Obligated End of Quarter	G. Cumulative Expended to Date	H. Cumulative Obligated to Date	I. Cumulative Total to Date (G + H)	J. Cumulative Percentage
001-B-H	233,168.05	121,663.88	111,504.17			121,663.88		121,663.88	52.18%
001-B-I	1,213,443.68	1,213,443.68	0.00			1,213,443.68		1,213,443.68	100.00%
004-D-H	0.00	0.00	0.00			0.00	0.00	0.00	
004-D-I	0.00	0.00	0.00			0.00		0.00	
012-E-H	0.00	0.00	0.00			0.00		0.00	
012-E-I	0.00	0.00	0.00		0.00	0.00		0.00	
013-A-H	64,500.00	64,500.00	0.00			64,500.00		64,500.00	100.00%
013-A-I	57,500.00	57,500.00	0.00			57,500.00		57,500.00	100.00%
14A-B-H	152,542.90	74,256.25	78,286.65			74,256.25		74,256.25	48.68%
14A-B-I	331,489.99	331,489.99	0.00			331,489.99		331,489.99	100.00%
21A (Admin)	77,828.38	29,540.09	48,288.29			29,540.09		29,540.09	37.96%
Totals	2,130,473.00	1,892,393.89	238,079.11		0.00	1,892,393.89	0.00	1,892,393.89	88.83%

SECTION III: CONTRACTS AND SUBCONTRACTS FOR THIS QUARTER

Contractor/ Subcontractor Name	Address	City, State, Zip	Prime Contractor ID Number	Sec 3	Sub Contractor ID Number	Sec 3	Total Amt. of Contract/ Subcontract	CDBG Part Contract/ Subcontract	Trade/ Race Codes	Women Owned

Trade Codes: 1 = New Construction, 2 = Education/Training, 3 = Other Racial/Ethnic Codes: 1 = White, 2 = Black, 3 = Native American, 4 = Hispanic, 5 = Asian

Total Contracts/Subcontracts: 0

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SECTION IV: Work in Progress

Use this section to provide a brief narrative description of work in progress during the reporting period. Use the Project Implementation Schedule included in your application as the basis for reporting.

THERE ARE NO HOMES IN INVENTORY

SECTION V: Other Supporting Efforts

Use this section to provide a description of all other supporting efforts that have begun, been partially implemented, or completed during this period. Use quantifiable data whenever possible. Use the information from DCA 8 (Budget Analysis) as the basis for reporting

N/A

SECTION VI: Problems Encountered / Technical Assistance Needed

Use this section to provide a brief description of any problems or delays encountered or anticipated, or any technical assistance needed from DCA.

N/A

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Final Report: _____

SECTION VIII: Performance Measurement

All Grants

CDBG and CDBG Stimulus - People

LEVERAGE THIS GRANT

	Public	Private
This Quarter	<input type="text"/>	<input type="text"/>
Cumulative	<input type="text"/>	<input type="text"/>

TOTAL PEOPLE THIS GRANT

	People	People L/M
This Quarter	<input type="text"/>	<input type="text"/>
Cumulative	<input type="text"/>	<input type="text"/>

CDBG and CDBG Stimulus - Housing

TOTAL HOUSING THIS GRANT

	Units Owner	Units Rental	Units Buyer	Total Units
This Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cumulative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CDBG and CDBG Stimulus - EIP Jobs (do not include ARRA jobs)

TOTAL F/T+FTE JOBS THIS GRANT

	Created L/M	Retained L/M	Lost: Created	Lost: Retained
This Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cumulative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NSP - Housing / Projects

HOUSING ACCOMPLISHMENTS THIS GRANT

	Units Acquired	Units Rehab	Units Construct	Units Sold
This Quarter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cumulative	67	67	<input type="text"/>	67

Temporary Jobs - All Grants

TEMPORARY JOBS THIS GRANT

	People
This Quarter	<input type="text"/>
Cumulative	<input type="text"/>

PROJECTS COMPLETED THIS GRANT

	Projects Completed
This Quarter	<input type="text"/>
Cumulative	67

GRANT ADMINISTRATOR
This Quarterly Report is NOT complete.
Date _____
Signature _____

PERFORMANCE CERTIFICATION
This certifies that
NO Accomplishments occurred during this quarter.

CERTIFICATION
The signature of the Certifying Official below certifies that the data and other information provided in this Report (including Pages 1 and 2 of the Quarterly Report and the Project Activity and Completion as applicable), whether submitted in paper form or on-line, is correct, based on official accounting system and other records, and that expenditures and obligations shown have been made for the purpose of and in accordance with applicable Grant Terms and Conditions.

Signature of Certifying Official _____ Title of Official _____ Date _____
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